20230214000039780 02/14/2023 02:52:51 PM UCC1 1/2

OLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)				
Hayes Arendall (205) 844-5048  E-MAIL CONTACT AT FILER (optional)				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
COMPTON JONES DRESHER 2170 Highland Avenue South, Suite 250 Birmingham, AL 35205				
		ROVE SPACE IS FO	R FILING OFFICE USE	ONI Y
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here  and pr	ct, full name; do not omit, modify, or abbreviate	e any part of the Debtor	's name); if any part of the li	ndividual Debt
1a. ORGANIZATION'S NAME				
Indian Springs Partners, LLC  1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIO		NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 616 2nd Avenue South, Suite 100	Birmingham	STATE	POSTAL CODE  35233	COUNTRY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and pr				
2a. ORGANIZATION'S NAME	TO FIGO THO THOUGHT DODIES INTO THOUGHT IN HOTH	- 10 of the finalioning of	atomoni Addonadin (i omi o	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only <u>one</u> Secure	ed Party name (3a or 3b	)	
3a. ORGANIZATION'S NAME  BankFirst Financial Services				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	AITY (		Incorn. conc	
MAILING ADDRESS  100 Southbridge Parkway, Suite 450	Birmingham	STATE	35209	COUNTRY
COLLATERAL: This financing statement covers the following collateral:				
ll assets of Debtor wherever located.				
al modern of Levisor Whitevier IVenteu.		AAA AAA AAA	d in Shelby County	y, Alaban
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,	ovo.vo and me		
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,	ovv.vv and me		
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,	ovv.vv and me		
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,	ovv.vv and me		
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,	ovv.vv and me		
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,	doo.oo and me		
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,			
his is additional collateral for mortgage dated 2/1	14/2023 in the amount of \$625,			
his is additional collateral for mortgage dated 2/1 which tax has been collected.	Trust (see UCC1Ad, item 17 and Instructions)		red by a Decedent's Person	al Representa
This is additional collateral for mortgage dated 2/1 which tax has been collected.  Check only if applicable and check only one box: Collateral is held in a check only if applicable and check only one box:	Trust (see UCC1Ad, item 17 and Instructions)	being administe	f applicable and check <u>only</u>	one box:
This is additional collateral for mortgage dated 2/1 n which tax has been collected.	Trust (see UCC1Ad, item 17 and Instructions) on	being administe 6b. Check only Agricul	f applicable and check <u>only</u> tural Lien Non-UCC	one box:

## UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Indian Springs Partners, LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY STATE POSTAL CODE CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 16. Description of real estate: 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Lot B, Resurvey of Lot 1, Old Mill Trace, being a Resurvey of a Resurvey of Lots 1, 2, and 3 Old Mill Trace and Acreage as recorded in the Office of the Judge of Probate, Shelby County, Alabama, in Map Book 8, Page 108.

International Association of Commercial Administrators (IACA) FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

20230214000039780



17. MISCELLANEOUS:

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
02/14/2023 02:52:51 PM
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